

## **Health Data Committee Retreat**

### **July 7, 2000**

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Held at Health Insight  
Starting at 9 AM - 4 PM

In attendance: (committee members) Clark Hinckley, Andy Bowler, Wen Kuo, Bob Huefner, Greg Poulson, Lori Reichard, Penny Brooke and Orrin Colby, (staff & others) Scott Williams, Robert Rolfs, Luis Paita, John Morgan, Chung Won Lee, Gulzar Shah, Bill Stinner, Greg Stoddard and Janet Scarlet.

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Patrick Johnson was the facilitator.

Introductions of those in attendance.

#### History of HDC

Penny & Bob H. gave the history of the HDC. In the beginning it was meeting bi-weekly and as it evolved the committee met less often. Getting the ground rules in place made it possible to meet less often.

#### Funding / Raising Funds

- HDC relationship to DOH is ambiguous
- Hospital Assoc. perspective trust and credibility
- Legislative 97' Audit said HDC of value
- Fee's cut 270K / real sales were 70K
- Legislative perspective not so good
- HDC policy making entity
- Who are our primary customers?

#### HDC Involvement in Budget

250,000	General Fund
270,000	Medicaid
30,000	Emergency Medical Services
<u>70,000</u>	<u>Sales</u>
620,000	Total Funding

400,000 FTE's (salaries)

## Directed specifically to HDC & Office of Health Care Statistics

- Maintaining Integrity of HDC 's confidentiality under new organizational structure
- Relationship of other DOH Programs e.g. Injury Prevention to HDC
- No resources to start new projects
- Focus on increased reporting based on existing data
- How is the data being used? By whom?
- How well is the market working?

## Role for HDC

\* Assessing what data means relative to how well the market is working

- To what extent is the HDC role to collect and disseminate data vis-a-vis
- Say what the data means i.e., create information
- How do we enhance decision making process of employers
- Bring market forces to bear to modify consumer's behavior/ EPI work
- Does statute allow market focus?
- Data will influence providers behavior (create, enrich pressure)
- Variances haven't changed very much as a result of publishing data
- Difficult for Hospitals to make changes because of Rue/ influences of Physicians
- Some employers are using data to put performance measures into Health Plan Contracts
- Wide spread questions similar to ours around the country
- Timing: Data seen as more essential now

## Data being used by:

Hospitals  
HMO's  
Companies for marketing

70K paid for our data this past year (total sales)

What data would we expect employers to want?

How do we get it to them/ present it to them?

New employers would want some data

## Limitations of use of data

Limited plan choices  
Difficulty of changing plans  
Qualifying data

### Other Data Sets

Ambulatory Surgery

Pharmacy (Prozac)

Insurance

Provider Identifier

Medical Errors Data

Radiology Data

HEDIS- Health Employer Data Information Set

UHIN- Utah Health Information Network

### UHIN Data/ Pilot - would solve some problems with data gaps

- Trends in Utah
- Focus on existing data
- Also what data do we need/ want in the future? Will take about 3 years to pass through

### What to do with other data sets

Issue Briefs on data sets

*Difficulty* - Politically feasible

*Cost* - Potential Impact - to change

*Legality*-

How far do we want to take the data before turning it over to someone else? Or do we want to maintain the chain.

\*Using C-section as an example of this

4 Data sets

3 Uses for each

	<b>Market Assessment</b>	<b>Policy Issue</b>	<b>Provider Use</b>
<b>Hospital Inpatient Data</b>	Physician level profiles	Physician level profiles	Physician level profiles
<b>Ambulatory Data</b>			
<b>Emergency Dept. Data</b>			
<b>Consumer - HEDIS</b>			

Assess external forces: To whom is this useful federal policies

### Condition specific Profiling

- Back surgery
- Other outliers
- CHIP
- Senior care

Marketing data using C-Section as a model

### Reporting

Properly Communicated

News Media

Choose the right information

Is there an audience for the data

Are there other groups who

Survey users of what they want

Focus on other areas besides HMO's

Health Plan performance measures

### Do's

Review data release process

Release the data sooner

Released in an adversarial, non-confrontational, collaborative and friendly way

### Customers

Small business

Small business association

Banker/ Advice